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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : GREEN BOX TAX SERVICES INC
Account Number : I20190000123
Phone : (305)928-1137
Fax Number : (786)349-4952

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address, ynvalderrama@outlook

FLORIDA PROFIT/NON PROFIT CORPORATION

Yanira Natalia Valderrama PA

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

2022 OCT 25 AM 8:09

RS



October 24, 2022

FLORIDA DEPARTMENT OF STATE
Division of Corporations

GREEN BOX TAX SERVICES INC

SUBJECT: YANIRA NATALIA VALDERRAMA PA
REF: W22000134538

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The specific business purpose of the professional association must be stated in the document.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Dil Sultana
Regulatory Specialist II

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ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: YANIRA NATALIA VALDERRAMA PA

ARTICLE II PRINCIPAL OFFICE

Principal street address
9591 FONTAINEBLEAU BLVD
UNIT 506

Mailing address, if different is:

MIAMI, FL 33172

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Real estate agent with the purpose of buying and selling
real estate property for others withing the guidelines of Florida state.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Natalia N Valderrama, President

Name and Title: _____

Address 9591 FONTAINEBLEAU BLVD
UNIT 506
Miami, FL 33175

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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Name and Title: _____ Name and Title: _____

Address _____ Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:Name: Yanira N ValderramaAddress: 9591 FONTAINEBLEAU BLVD Unit 506Miami FL 33172**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:Name: Yanira N ValderramaAddress: 9591 FONTAINEBLEAU BLVD Unit 506Miami FL 33172**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

Required Signature/Registered Agent

10/20/2022

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Required Signature/Incorporator

10/20/2022

Date

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